PTO/SB/21 (08-03)
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			Filing Date				
TRANSMITTAL FORM			First Named Inventor	Mathilde C. Brown CENTRAL FAX CENTE			
PORIVI			Group Art Unit				
(to be used for all correspondence after initial filing)			Examiner Name	ALBERT W PALADINI			
Total Number of Pages In This Submission			Attorney Docket Number	MS1-1494US			
ENCLOSURES (check all that apply)							
Amendmen After Aftida Extension of Express Ab Information Certified Co Documents Response to Incomplete Response	Attached of / Reply Final ovlts/declaration(s) of Time Request andonment Request Disclosure Statement opy of Priority	Petition Petition Provisi Power Chang Addres Termin	ing-related Papers n n to Convert to a ional Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):			
	SIGNATU	RE OF APPL	ICANT, ATTORNEY, OF	AGENT			
Firm or Individual Name	Steven R. Sponseller	Steven R. Sponseller/Reg. No. 39384					
Signature	1 the spe	usell-					
Date	October 11, 2005						
	CER	TIFICATE OF	TRANSMISSION/MAIL	NG			
	e as first class mail in an er			osited with the United States Postal Service tents, P.O. Box 1450, Alexandria, VA 22313-			
Typed or printed name	Cheryl Boies	1					
Signature	111111111111111111111111111111111111111	1 /) 20	<u>, </u>	Date October 11, 2005			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04) Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to reapond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete If Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/789,440 Application Number TRANSMI 2/26/2004 Filing Date For FY 2005 Mathilde C. Brown First Named Inventor ALBERT W PALADINI Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2125 (\$) 0.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. MS1 1494US METHOD OF PAYMENT (check all that apply) Credit Card Money Order Other (please identify); Lee & Hayes, PLLC Deposit Account Deposit Account Number. Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1,17 WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Foo (\$) Fee (\$) Fees Paid (\$) Foo (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 200 Provisional 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Roissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Multiple Dependent Claims Fee (\$) Fee Paid (\$) - 20 or HP = 50 Foo (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Extra Claims Indep. Claims Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Shoots Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) -100 =(round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)

Signature	to spousable_	Registration No. 39384 (Attorney/Agent)	Теlернопо (509) 324-9256
Name (Print/Type)	Steven R. Sponseller		Date 10-11-05

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From:

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